CAMPAIGN CONTRIBUTIONS City of Las Vegas/State of Nevada	
AND EXPENSES REPORT LOCAL LY CHARLOWARD Word to	
Name (print). 450 Decl Son Druce has Vegres W SNAT be	02
Mailing Address (include city and zip code) Telephone No.	1 200)
E-Mail Address	-
Select Appropriate Box(es) (CANDIDATE PAC BAG POL PRTY IND EXP AMENDED ANNUAL FILING	
Report #1 — Due March 29, 2005 Period: Jan. 1, 2005 — Mar. 24, 2005	
Report #2 — Due May 31, 2005 $\qquad \qquad \qquad$	
Period: Mar. 25, 2005 — May 26, 2005	
Report #3 Due — July 15, 2005 Period: May 27, 2005 — June 30, 2005 For Office Use Only	
© ^ Cumulative	
CONTRIBUTIONS SUMMARY From Beginning of Report Period	
This Period #1 through End of This	
Reporting Period	
Total Monetary Contributions Received in Excess of \$100	
2. Total Manatani Contributions Received of \$100 or Loss	
Total Monetary Contributions Received of \$100 or Less	_
This Period Cumulative From Beginning of	
Report Period #1 Through End of	
This Reporting Period	
3. Total Amount of Monetary Contributions	
Received (Add Lines 1 and 2)	
Total Value of In Kind Contributions Received in Excess of \$100	
EXPENSES SUMMARY	
Total Monetary Expenses Paid in Excess of \$100	
6. Total Monetary Expenses Paid of \$100 or Less	
7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)	
8. Total Value of In Kind Expenses in Excess	
of \$100 AFFIRMATION	
Declare Under Penalty of Perjury That the Foregoing is True and Correct.	
5/31.10	
Signature Date Date	

CAMPAIGN	CONTRIBUTIONS	

Report Period

Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS		DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
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	1			2005
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Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	Α
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	. D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	1
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

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Report Period	#3
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Office (if applicable)

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	Distric	i (if	applicable)	į

Name (print)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A:365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
	-		
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-			
			2009
			RECEIVED DITY CLERK 2005 JUN - 1 A IO

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Rev: Jan -04

R. D. &S. F. Glover 5456 Red Sun Drive Las Vegas, NV 89149-6664

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